



RCE 1646

PTO/SB/30 (10-01)

Approved for use through 10/31/2002 OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/333,966-Conf. #4780
Filing Date	June 16, 1999
First Named Inventor	Guo-Liang Yu
Group Art Unit	1646
Examiner Name	J. Ulm
Attorney Docket No.	PF267D1

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1600-2300

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☐ Previously submitted
- i. ☐ Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____
(Any unentered amendment(s) referred to above will be entered).
- ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- iii. ☐ Other _____
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☒ Supplemental Information Disclosure Statement (IDS)
- iv. ☒ Other Fee Transmittal; Third Supplemental Information Disclosure Statement; Form PTO/SB/08; legible copies of listed references AA-CE; and Exhibit A.

2. Miscellaneous

- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☒ Other Return Receipt Postcard

3. Fees The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 08-3425
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (Print/Type)	Lin J. Hymel	Registration No. (Attorney/Agent)	45,414
Signature		Date	May 22, 2003

05/23/2003 SMINASS1 00000034 083425 09333966

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Approved for use through 04/30/2003. OMB 0651-0032

PTO/SB/17 (01-03)

FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>				Complete if Known																																																																																																																																																																																							
<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</div>				Application Number	09/333,966-Conf. #4780																																																																																																																																																																																						
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<div><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None</div> <div><input checked="" type="checkbox"/> Deposit Account</div> <div>Deposit Account Number: 08-3425</div> <div>Deposit Account Name: Human Genome Sciences, Inc.</div> <div>The Commissioner is hereby authorized to: (check all that apply)</div> <div><input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments</div> <div><input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application</div> <div><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</div>				3. ADDITIONAL FEES																																																																																																																																																																																							
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